



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

APR 5 2000

MEMORANDUM FOR SEE DISTRIBUTION LIST

FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Population Health Improvement-Priority Areas (SG Policy Letter #00-002)

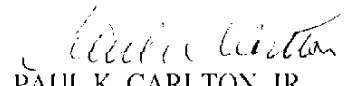
This letter supercedes letter dated 2 Mar 00, same subject.

The Air Force Medical Service (AFMS) continues to operationalize the Population-Based Health Plan, issued Jan 99. The AFMS Council identified two priority areas:

- a. reengineer primary care services, referenced as "Primary Care Optimization" (PCO)
- b. recapture care from the private sector.

Achievement of these initiatives is critical to the continued success of the AFMS. Their importance cannot be overemphasized.

Desired end states and starting point tasks for each priority area are contained in the attachments to this letter. A detailed AFMS PCO implementation guide will be provided to the field by 1 July 00. Collaboration and cooperation among MTFs, MAJCOMs, AFMOA and Air Staff agencies are critical to our success. My point of contact is Col Jim Fraser, AFMOA/SGOZ, DSN 240-8308, e-mail james.fraser@oplisa.brooks.af.mil, 8213 14th Street, Bldg 915, Brooks AFB, TX 78235-5249.


PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachments:

1. Desired End States
2. Starting Point Tasks
3. Metrics Calculations

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DESIRED END STATES

Desired end states for primary care optimization:

- Each enrollee knows his/her provider by name and primary care team
- Each primary care team knows the health care needs of its enrollees
- Each primary care team provides evidence-based care
- Focus on initial performance measures

Clinical performance measures	Best business practice measures
Individual Medical Readiness (IMR)	Productivity
Childhood immunizations	Support staff/PCM
Breast cancer screening	Exam room/PCM
Cervical cancer screening	Customer satisfaction
Prenatal care in the 1 st trimester	Access to health services
	Pharmacy utilization (PM/PY)

Desired end states for recapturing care from the private sector:

- Maximum Prime enrollment
- Maximum recaptures of private sector care
- Efficient use of MTF resources matched to appropriate demand

STARTING POINT TASKS

1. Primary care optimization is dependent upon successful performance of key tasks. The following are starting points:

- a. Transition to PCM by name enrollment IAW current SG guidance (1500/PCM) (OPR: MTF)
- b. Improve primary care team efficiency (OPR: MTF)
 - (1) Assign support staff to each PCM per current MAPPG
 - (2) Provide 2 exam rooms per PCM
 - (3) Reengineer space utilization to support primary care
- c. Implement formal medical inprocessing for Prime enrollees (OPR: MTF)
- d. Actively manage the appointment process to achieve TRICARE access standards (OPR: MTF)
- e. Actively manage appointment templates to accommodate 25 visits/day per PCM and enhance access to appropriate levels of care (OPR: MTF)
- f. Define and validate group practice management function (OPR: SGW/SGM)
- g. Develop MTF specific PCO plans based upon initial PCO training (Quickstart) (OPR: MTF)
- h. Provide follow-on staff assistance visits to MTFs within 18 months of initial training (OPR: MAJCOM/PHSO)
- i. Clearly define and implement a formal Population Health Management Function at each MTF (OPR: MTF/MAJCOM/PHSO)
- j. Implement expanded roles and responsibilities of the non-provider staff (OPR: MTF)
 - (1) Health Care Integrators (HCIs)
 - (2) Nurse Triage
 - (3) Enlisted staff using Extender protocols, i.e., patient history, performing assessments, and providing counseling, etc.
 - (4) Utilize the public health office as installation epidemiologist
 - (5) If appropriate
 - a. Nurse and Pharmacist Managed Clinics
 - b. Incorporate mental health in primary care activities
- k. Develop an effective and efficient PCM team based Preventive Health Assessment (PHA) process (OPR: MTF)

l. Utilize information generated from the demand forecasting and capacity management tools to determine preventive and condition management targets (OPR: MTF)

m. Utilize the Preventive Health Care Application (PHCA) if available (OPR: MTF)

n. Focus on core clinical metrics for Primary Care Optimization (PCO)
(OPR:MTF/MAJCOM/AFSG)

(1) Individual Medical Readiness (IMR): DNA, HIV, G6PD, Dental class, profile, immunizations, required medical equipment/prescriptions, and required personal occupational and deployment health equipment. Complete implementation of PHA will facilitate success.

(2) AFMS clinical metrics based on Health plan Employer Data and Information Set (HEDIS®) criteria: breast and cervical cancer screening, childhood immunizations, prenatal care during the 1st trimester

o. Develop effective internal and external marketing plans for PCO
(OPR:MTF/MAJCOM/SGMA/PHSO)

2. Recapture private sector care: MTF's will receive comprehensive "purchased care reports" for their respective catchment areas (OPR: SGM/PHSO). These reports will identify the quantity and type of services (inpatient, outpatient, and primary/specialty care) for potential MTF recapture. The initial focus should be in areas in which there are both a product line and in-house capacity.

a. Annually validate the Maximum Achievable Enrollment (MAE) for each MTF through the MAPPG process. (OPR: MTF/MAJCOM/SGM)

b. Forecast the demand for services across primary, specialty and ancillary support services
(OPR: MTF/MAJCOM/PHSO)

c. Determine the capacity to provide full service primary care, specialty and ancillary support care to enrolled population (OPR: MTF/MAJCOM/PHSO)

d. Determine the volume and relative value of care provided to enrolled/nonenrolled population within the MTF and the community. Account for all workload done (i.e., immunizations, telephone consults, walk-ins and extender clinics) (OPR: SGMA/MAJCOM/MTF)

e. Develop a plan (Analysis of Opportunity) to recapture lost workload utilizing resource-sharing where/when appropriate and cost effective (OPR: MTF)

At a minimum, these tasks should be addressed in the MTF PCO project plan which is due to the MAJCOM NLT 1 Jul 00. The plan should include specific objectives with timelines and milestones. The MAJCOM will forward a copy of the finalized plan to PHSO and the appropriate lead agents NLT 1 Sep 00.

METRIC CALCULATIONS

Note: HEDIS® measures may differ from established policy (i.e., TRICARE Prime benefit).

Individual medical readiness (IMR): number of ADAF in compliance with all four areas/ADAF permanently assigned to base (excluding students)

a. Immunizations and TB testing

(1) Appropriately immunized for all servicemembers: Hepatitis A, Influenza, Tetanus, Polio, MMR

(2) Occupation-specific: Hepatitis B, Rabies, Anthrax

(3) Current TB Skin Test

b. Dental Class 1 or 2

c. Lab tests: DNA on file, G6PD, sickle cell screen, blood type, current HIV

d. Medical record review: no deployment-limiting profiles

e. PHA completion

Childhood immunizations (HEDIS®): number of children with the following immunization history/Prime enrollees who had their 2nd birthday during the measurement period.

a. DtaP/DTP – four doses

b. Polio – three doses

c. MMR – one dose

d. Hib – two doses, with one falling between 12-24 months

e. Hep B – three doses, with one falling between 6-24 months

f. Varicella – one dose

Breast cancer screening (HEDIS®): number of women with a mammogram during the past two years/number of TRICARE Prime enrolled women aged 52-69

Cervical cancer screening (HEDIS®): number of women with a Pap test in the past 3 years/ # of TRICARE Prime enrolled women aged 21-64

Prenatal care in the 1st trimester (HEDIS®): number of women with a prenatal visit in the first trimester/# of TRICARE Prime enrolled women who delivered a live birth

Best business practices: 1500 enrollees/PCM, support staff/PCM and exam room/PCM are current AFMS metrics

Customer satisfaction: as measured by the Customer Satisfaction Survey (CSS) item for overall satisfaction with care

Access to health services: as measured by the CSS item for wait time for appointment

Pharmacy utilization: as measured by the average annual pharmacy cost per member per year

Recapturing care from private sector:

- a. A lower AHCC decreases the government liability under the Bid Price Adjustment (BPA) calculation. (OPR: SGMA/SGMC/PHSO/SGOI)
- b. A higher MTF actual utilization index decreases the government liability under the BPA calculation. (OPR: SGMA/SGMC/PHSO/SGOI)